

KENTUCKY BOARD OF PHARMACY
Spindletop Administration Bldg., Ste 302
2624 Research Park Drive
Lexington, KY 40511
Phone 859-246-2820
Fax 859-246-2823

RENEWAL APPLICATION FOR LICENSE TO OPERATE AS A DRUG WHOLESALER OR MANUFACTURER

All permits expire September 30 and are not transferable. Please print legibly and submit each application in duplicate (resident facilities only) with a check or money order in the amount of \$100.00 made payable to the "KENTUCKY STATE TREASURER". For non-resident license holders, please provide a copy of your resident state permit and last inspection report.

Incomplete applications will be returned.

PERMIT TYPE: <input type="checkbox"/> WHOLESALER <input type="checkbox"/> MANUFACTURER		
PERMIT NUMBER: _____		
NAME OF FACILITY: _____		
PHYSICAL ADDRESS: _____		
CITY: _____	STATE: _____	COUNTY _____ ZIP _____
PHONE NUMBER: _____ FAX NUMBER: _____		
MAILING ADDRESS:	REGISTRATION NO.:	EXP DATE:
_____	DEA: _____	____/____/____
_____	FDA: _____	____/____/____
_____	CHFS: _____	____/____/____
	(KY Controlled Substances License)	

1. Name and title of facility contact person:

2. If operations include DRUG manufacturing, identify the Pharmacist-in-Charge:

NAME: _____

LICENSE NO.: _____

3. Ownership:

____ Individual ____ Partnership ____ Corporation ____ LLC ____ Other

Name, title and address of owner(s), partners or corporate officers:

4. Has applicant or any officer, agent, or employee of applicant, ever been charged and/or convicted of any federal and/or state drug law or controlled substances violation?

____ Yes (attach explanation) ____ No

5. Schedule of Hours:

Monday: ____ A.M. to ____ P.M.

Friday: ____ A.M. to ____ P.M.

Tuesday: ____ A.M. to ____ P.M.

Saturday: ____ A.M. to ____ P.M.

Wednesday: ____ A.M. to ____ P.M.

Sunday: ____ A.M. to ____ P.M.

Thursday: ____ A.M. to ____ P.M.

The Board may refuse to issue or renew a permit or suspend, temporarily suspend, revoke, fine or reasonably restrict the permit holder for knowingly making or causing to be made any false, fraudulent or forged statement in connection with an application for a permit. See KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge. If the registration herein applied for is granted, I certify that this business will be conducted in full compliance with all applicable federal and state laws and that I will make available any or all records required by law to the extent authorized by law.

Signature and Title of Owner / Manager

Date

Changes in the above information must be submitted in writing with the appropriate application fee to the Board office within thirty (30) days.